

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10759852</div>	Filing Date
				Applicant(s)	
				* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT
	Indep	Depend	Indep	Depend	Indep Depend
1					
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47					
48					
49					
50					
Total Indep	4				
Total Depend	22				
Total Claims	26				